

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09731182
APPLICANT(S)

FILING DATE
02/12/01

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	1		1		51					1
2	1		1		52					1
3	1		1		53					1
4	1		1		54					1
5	1		1		55					1
6	1		1		56					1
7	1		1		57					1
8	1		1		58					1
9	1		1		59			1		
10	1		1		60			1		
11	1		1		61			1		
12	1		1		62			1		
13	1		1		63			1		
14	1		1		64			1		
15	1		1		65			1		
16	1		1		66			1		
17					67					
18	1		1		68					
19	1		1		69					
20	1		1		70					
21	1		1		71					
22	1		1		72					
23	1		1		73					
24	1		1		74					
25	1		1		75					
26					76					
27					77					
28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL ID.	3	J	4	J	TOTAL IND.		J	J	J	J
TOTAL SP.	22	J	34	J	TOTAL DEP.		J	J	J	J
TOTAL AMNS	25		38		TOTAL CLAIMS					